

BYETTA PA SUMMARY

LENGTH OF AUTHORIZATION: 1 Year

NOTE: Documentation of HbA1c levels taken within the past 6 months will be required for all initial requests.

PA CRITERIA:

- ❖ Approvable for members with type 2 diabetes currently on metformin, sulfonylurea, or thiazolidinedione therapy or combination therapy with metformin + sulfonylurea or metformin + thiazolidinedione

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827.**

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.ghp.georgia.gov, select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.ghp.georgia.gov, select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.